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ABSTRACT

The physical manifestations of the aging process are described, and the benefits of a program of regular exercise for people over the age of 65 are discussed. (JD)

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For many of our 23 million senior citizens, the 65th birthday marked a turning point in life. At that age, they were suddenly considered, treated, and classified as "old people". Accompanying the labeling were certain behavioral expectations characterized by idleness, uselessness, non-creativity and deterioration. Ironically, many of the elderly who verbally resisted this forced stereotyping have resigned themselves to passive lifestyles. A recent National Adult Physical Fitness Survey² showed that only 39% of adults over the age of 50 engage in any systematic exercise. Within this minority, the most popular participatory activity for this age group was walking with 64% of the men surveyed and 33% of the women participating regularly. The study also revealed other popular forms of exercise including jogging, with a response of 41%, bicycling (37%), calisthenics (6%), and swimming (4%). Despite the evidence presented in the study, 71% of the surveyed believed they got all the exercise they needed.

Many reasons can be given for the elderly's minimal participation in fitness activities. The older adult probably has little training in physical education, lacks developed sports skills and is uninformed about the positive values of exercise. Other reasons offered for a less active existence by the elderly include:

1. The belief that the need for exercise diminishes and eventually disappears with age.
2. The fear of bodily damage from involvement in vigorous exercise after middle age.
3. The overrated benefits of light, sporadic exercise.
4. The lack of confidence in the older adult's capabilities regarding exercise.

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For these individuals certain "blocks to motivation"⁴ must be removed before they will experience the pleasures of engaging in vigorous activities. To combat these blocks, the individual needs an understanding of the changes that occur in the aging process, and the myths and findings related to achieving fitness in the later years.

The biological-physiological changes which occur as the organism ages is a natural part of its growth and development. These changes can be summarized as follows:¹

(1) The skin reveals the most observable "signs" of aging with its loss of elasticity evidenced in wrinkles. There may be a spotty discoloration in the skin due to aggregations of pigment cells. The skin also becomes thinner and drier. Related to this change is the observable greying hair and possibly a loss of hair.

(2) The bones become fragile due to calcium deficits and decreased physical activity. Often fractures require an extended period of time for mending. Related to this lack of activity is the general atrophy of the body causing reduction in size and strength.

(3) The loss of nerve cells in the brain increases with age. Thinking processes may be slower, but remain intact unless bloodflow to the brain is impaired.

(4) Major changes in eyesight start about the age of 45. Visual problems such as far-sightedness, cataracts, and glaucoma are evidenced in older adults. However, 85% of the aged have adequate visual acuity when provided with medical assistance.

(5) Impairments in hearing become prevalent in the aging process. This often requires effective hearing devices and the refusal of this assistance can cause social maladaptation because of ineffectual communication.

(6) Breathing becomes less efficient with lung enlargement and loss of elasticity. Frequently, this is accompanied by an enlargement and slowing of the

heart, which causes a reduction in blood and oxygen to other parts of the body.

(7) Sexual activity is not impaired by the change in the sex organs. Most of the problems occurring in this area relate to psychological factors and cultural expectations.

The above description of the physiological-biological aging process does not imply that all individuals age in the same manner. Aging for any individual is a relative matter and depends on many personal and environmental factors. Substantial evidence supports the theory that individuals, to some extent, can control their aging process and prevent premature aging through physical exercise.

The values of exercise for the older adult cannot be overstated. Exercise is highly recommended to produce good muscle tone, aid in relaxation and sleep, control obesity, and increase the breathing capacity of the lungs. Exercise also develops the positive personal attributes of confidence, poise, posture, and a general feeling of well-being. In addition, exercise contributes to the prevention of personality and emotional deterioration, poor mental health, negative body image, loss of kinesthetic pleasures, muscular degeneration and increased internal tension.

Activity may reduce many of the everyday physical problems, such as fatigue, inflexibility in joints, constipation, indigestion, poor metabolism and lack of coordination. Exercise may increase cerebral blood flow, thus deterring senility and hardening of the arteries. Active individuals may respond to their environment better than their sedentary counterparts.

Accompanying the preventive benefits of exercise for the older adult, are numerous personal values. Through involvement in activity programs, the older adult may develop new challenging interests, goals and skills, and an increase in independent living.

Providing the elderly with constructive recreational pursuits, such as exercise, may be the best anti-depressant that is available. Frequent depressions

occur in the senile-aged when the elderly lose interest in the environment. Activity keeps the participant in touch with reality by creating a more desirable "real world". Life has greater quality when opportunities for goal-setting and achievement are provided, especially when the achievement relates to the way one looks and feels.

This article is not to suggest that all older adults are ready to rush into vigorous exercise programs. These programs of exercise must be planned on a regular and routine basis. The initial exercise should begin only after a sound physical examination with constant medical monitoring throughout the program.

Following the physical examination, the participant's individualized program should provide gradual development. According to C. Carson Conrad,⁵ Executive Director of the President's Council on Physical Fitness, three components of fitness must be stressed for sedentary individuals. These components in sequential order are flexibility, strength, and cardiorespiratory endurance. As in early childhood, the elderly participant must "walk before he runs" to properly develop endurance. A rule of thumb for conditioning states that once able to walk three miles in 45 minutes, one may choose to increase the pace or the workout. Therapeutic exercise must be approached with much caution.

A movement to change the image and behavioral expectations of the older adult has evolved. The new image depicts older Americans as healthy, vivacious and respected individuals living life to the fullest. The public's consciousness level, concerning the need for active programs for the aged, has been raised by groups such as the Gray Panthers, churches, governmental agencies and other organizations. As a result of this awareness, legislation has provided for special benefit programs and on-going research projects on aging (Research Aging Act). In 1975 the Senate Subcommittee on Aging led Congress to amend Titles III and VII of the Older American's Act to include money for educating older citizens in the worth of physical

activities. Innovative programs such as SAGE (Senior Actualization and Growth Explorations) preach a new audacious philosophy for the elderly.³

Ideally physical fitness is a condition which should start in childhood, be achieved in youth, pursued in middle age, and never relinquished insofar as that is humanly possible. However, for those who did not start early, the benefits of fitness activity can be enjoyed at any age.

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